

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: VOLTAGE BOOST DEVICE AND MEMORY
SYSTEM
Attorney Docket Number:: 851063.484
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?: No
Petition included?: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Rino
Middle Name::	
Family Name::	Micheloni
Name Suffix::	
City of Residence::	Turate
State or Province of Residence::	
Country of Residence::	Italy
Street of mailing address::	Via Luini, 11
City of mailing address::	Turate
State or Province of mailing address::	
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	I-22078

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Ilaria
Middle Name::	
Family Name::	Motta
Name Suffix::	
City of Residence::	Cassolnovo
State or Province of Residence::	
Country of Residence::	Italy
Street of mailing address::	Via Palestro, 12
City of mailing address::	Cassolnovo
State or Province of mailing address::	
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	I-27023

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Marco
Middle Name::
Family Name:: Capovilla
Name Suffix::
City of Residence:: Sesto San Giovanni
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Viale Casiraghi, 491
City of mailing address:: Sesto San Giovanni
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-20099

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Italy	MI2002A001486	07/05/02	Yes

Assignee Information

Assignee name::	STMicroelectronics S.r.l.
Street of mailing address::	Via C. Olivetti, 2
City of mailing address::	Agrate Brianza
State or Province of mailing address::	
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	I-20041

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